

Announced Care Inspection Report 27 February 2017



Healthwise Weight Loss Clinic

Service Type: Independent Clinic (IC) - Private Doctor
Address: 11b Trevor Hill, Newry, BT34 1DN
Tel No: 028 30252266
Inspector: Winnie Maguire

1.0 Summary

An announced inspection of Healthwise Weight Loss Clinic took place on 27 February 2017 from 09.45 to 12.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A review of documentation and discussion with Mrs Margaret Stevenson, registered person, demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination and the general environment. Two requirements have been made in relation to mandatory training and current General Medical Council (GMC) registration in respect of the private doctors. Five recommendations have been made in relation to devising an induction programme, amending the policy on recruitment and selection, updating the adult safeguarding policy, amending the medical emergency policy and establishing a record of monthly checks for the anaphylactic shock kit.

Is care effective?

Observations made, review of documentation and discussion with Mrs Stevenson demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

A review of documentation and discussion with Mrs Stevenson demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Areas reviewed included informed decision making and patient consultation. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, arrangements for practising privileges, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. As discussed above a number of issues were identified within the domain of is care safe which relate to quality assurance and good governance. One requirement was made in relation to the patient guide and three recommendations were made in relation to the statement of purpose, review of practising privilege agreements and the indexing, issuing and reviewing of policies and procedures under the 'is the service well led' domain which all relate to quality assurance

and good governance. Addressing the requirements and recommendations made under the Is care safe and Is the service well led domains will further enhance the quality and governance arrangements in place.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Margaret Stevenson, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mrs Margaret Stevenson	Registered manager: Mrs Margaret Stevenson
Person in charge of the home at the time of inspection: Mrs Margaret Stevenson	Date manager registered: 25 March 2014
Categories of care: Independent Clinic – Private Doctor	

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of the RQIA. There were no returned completed patient and staff questionnaires. Prior to inspection we analysed the following records: notifiable events and complaints declaration.

During the inspection the inspector met with Mrs Margaret Stevenson, registered person. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements
- medical practitioner personnel files
- clinical records
- management and governance arrangements
- Insurance documentation

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 January 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 January 2016

As above.

4.3 Is care safe?

Staffing

Discussion with Mrs Stevenson, registered person demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

Mrs Stevenson confirmed no new private doctors had been recruited in some years and therefore an induction programme had not been necessary. A recommendation was made to devise an induction programme template relevant to specific roles within the establishment.

There are systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Review of training records found that both private doctors did not have evidence of up to date mandatory training. A requirement was made to ensure the private doctors undertake the following mandatory training: adult basic life support, infection prevention and control and fire safety training.

A review of two private doctors' details confirmed there was evidence of the following:-

- confirmation of identity
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Evidence of current General Medical Council (GMC) registration and professional indemnity insurance were not available for inspection. Mrs Stevenson informed the inspector that both private doctors were currently registered with the GMC and had professional indemnity insurance; however they had not up dated their details. Evidence of professional indemnity insurance was forwarded to RQIA following inspection. A requirement was made in relation to evidence of current GMC registration.

Discussion with Mrs Stevenson confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice

Recruitment and selection

Discussion with Mrs Stevenson demonstrated that no new staff have been recruited since the previous inspection. During discussion Mrs Stevenson confirmed that should staff be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recommendation was made to devise a recruitment and selection policy and procedure in accordance with legislation.

Safeguarding

Mrs Stevenson was aware of some types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

The establishment had a very basic adult safeguarding procedure in place.

Review of this procedure indicated that it needs to be updated to ensure it fully reflects the new regional policy and guidance documents issued during July 2015. A recommendation has been made to address this. Mrs Stevenson confirmed that private doctors will be requested to sign that they had read and understood the policy and procedures in relation to safeguarding adults at risk of harm when updated in keeping with the Minimum Standards for Independent Healthcare Establishments July 2014.

After the inspection the following information was forwarded to Mrs Stevenson by electronic mail:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- the relevant contact details for onward referral

Management of medical emergencies

The establishment has a policy and procedure on dealing with medical emergencies. A recommendation was made to amend this policy to include a list of emergency drugs held and protocols for dealing with various medical emergencies.

The establishment has an anaphylaxis shock kit in place. A recommendation was made to establish a record of monthly checks of the anaphylaxis shock kit.

Discussion with Mrs Stevenson confirmed she was aware what action to take in the event of a medical emergency.

As stated under 'staffing' the private doctors' basic life support certificates had expired.

Infection prevention control and decontamination procedures

The establishment has a range of infection prevention and control policies and procedures.

A range of information for patients and staff regarding hand washing techniques were available.

Environment

The establishment was found to be clean, tidy and well maintained. The establishment had been recently painted. Arrangements are in place for maintaining the environment. A fire risk assessment had been undertaken.

Patient and staff views

There were no returned completed patient or staff questionnaires.

Areas for improvement

Devise an induction programme template relevant to specific roles within the establishment.

Ensure the private doctors undertake mandatory training in the following: adult basic life support, infection prevention and control and fire safety training.

Ensure evidence of current General Medical Council (GMC) registration for the private doctors is available for inspection.

Devise a recruitment and selection policy and procedure in accordance with legislation.

The adult safeguarding procedure should be updated to ensure it fully reflects the new regional guidance documents issued during July 2015.

The policy and procedure on dealing with medical emergencies should be updated to include a list of emergency drugs held and protocols for dealing with various medical emergencies.

Establish a record of monthly checks of the anaphylaxis shock kit.

Number of requirements	2	Number of recommendations	5
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4.4 Is care effective?

Clinical records

Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Mrs Stevenson was aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Patient care records are held in secure locked filing cabinets.

The establishment is not registered with the Information Commissioner's Office (ICO). Mrs Stevenson had contacted the ICO following last year's RQIA inspection and was informed the establishment did not require registration with the IOC. It was advised Mrs Stevenson request an email from ICO confirming this position.

Review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and Freedom of Information legislation.

Review of six patient care records relating to the private doctor services found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of the treatment provided. The records were found to be maintained in line with best practice guidance.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- medical record audit
- patient satisfaction survey

Communication

Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Information provided to patients is written in plain English.

Mrs Stevenson confirmed she meets individually with the private doctors on an ongoing basis.

Patient and staff views

There were no returned patient and staff questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity, respect and involvement with decision making

Discussion regarding the consultation and treatment process with Mrs Stevenson confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within a private room with the patient and medical practitioner present.

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

It was confirmed that patient care records are stored securely

Healthwise Weight Loss Clinic obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.

Patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issued feedback questionnaires to patients. Review of the completed questionnaires found that patients were satisfied with the quality of treatment, information and care received. Some of the comments received included:

- "Lovely, friendly, caring staff, who really care for you"
- "I find everything excellent."

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties in an information folder in the waiting area.

Patient and staff views

There were no returned patient or staff questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the establishment. Mrs Stevenson has overall responsibility for the day to day management of the establishment.

Policies and procedures were available however they were difficult to access. A recommendation was made to index the policies and procedures and include an issue date and a review date.

A copy of the complaints procedure was displayed in the establishment. A minor amendment was suggested. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that any notifiable events will be investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Stevenson outlined the process for granting practising privileges and confirmed medical practitioners meet with her prior to practising privileges being granted.

Two medical practitioner's personnel files reviewed confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

A recommendation was made to review practising privileges agreements every two years.

Healthwise Weight Loss Clinic has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Discussion with Mrs Stevenson confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

Mrs Stevenson demonstrated some understanding of her role and responsibility in accordance with legislation.

A statement of purpose was in place however it did not reflect current staff and outlined Mrs Stevenson's private address. It was recommended to update the statement of purpose to reflect current staff using job titles and to remove Mrs Stevenson's private address and replace it with the clinic's address.

An information folder was provided in lieu of the patient guide and contained a number of documents including a list of the contents of a patient guide. A requirement was made to devise a patient guide in accordance with legislation.

As discussed a number of issues have been identified in the Is Care Safe? and Is the Service Well Led? domains. Three requirements and eight recommendations have been made to address the issues identified. Addressing the requirements and recommendations made will further enhance the quality and governance arrangements in place.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

There were no returned patient or staff questionnaires.

Areas for improvement

Index the policies and procedures and include an issue date and a review date.

Review practising privileges agreements every two years.

Update the statement of purpose to reflect current staff using job titles and remove Mrs Stevenson's private address and replace it with the clinic's address.

Devise a patient guide in accordance with legislation.

Number of requirements	1	Number of recommendations	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Margaret Stevenson, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Independent clinic – private doctor service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>The registered provider must ensure the private doctors undertake mandatory training in the following: adult basic life support, infection prevention and control and fire safety training.</p> <p>Response by registered provider detailing the actions taken:</p> <p>DR. BUHIDMA BASIC IS UP IN JUNE 017 AND WILL BE RENEWED THEN. LIFE SUPPORT.</p> <p>DR. BAILEY HAS REQUESTED AN EXPIRY DATE TO BE PUT ON HERS. IT LASTS FOR 3 YRS. ALL OTHER MANDATORY TRAINING IS COMPLETED. CONFIRMED DATE NOW OF DR. BAILEY LIFE SUPP. OF LAST COURSE 16/3/16 + APR 3 YRS</p>
<p>Requirement 2</p> <p>Ref: Regulation 18 (1)</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>The registered provider must ensure evidence of current General Medical Council (GMC) registration for the private doctors is available for inspection.</p> <p>Response by registered provider detailing the actions taken:</p> <p>I RANG G.M.C. DR. BUHIDMA IS LICENSED UNTIL 13/1/18. DR. BAILEY UNTIL 1/8/2017</p> <p>I HAVE REMINDED BOTH DOCTORS OF THESE DATES.</p>
<p>Requirement 3</p> <p>Ref: Regulation 8</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>The registered provider must devise a patient guide in accordance with legislation.</p> <p>Response by registered provider detailing the actions taken:</p> <p>PATIENT GUIDE UPDATED.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>Devise an induction programme template relevant to specific roles within the establishment</p> <p>Response by registered provider detailing the actions taken:</p> <p>IN PROGRESS</p> <p>NOW COMPLETED.</p>
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<p>Recommendation 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>Devise a recruitment and selection policy and procedure in accordance with legislation.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">IN PROGRESS</p>
<p>Recommendation 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>The adult safeguarding procedure should be updated to ensure it fully reflects the new regional guidance documents issued during July 2015.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">IN PROGRESS</p>
<p>Recommendation 4</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>The policy and procedure on dealing with medical emergencies should be updated to include a list of the emergency drugs held and protocols for dealing with various medical emergencies.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">IN PROGRESS</p>
<p>Recommendation 5</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p> <p>To be completed by: 27 March 2017</p>	<p>Establish a record of monthly checks of the anaphylaxis shock kit.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">DONE</p>

<p>Recommendation 6</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>Index the policies and procedures and include an issue date and a review date.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">DONE</p>
<p>Recommendation 7</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>Review practising privileges agreements every two years.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">DONE</p>
<p>Recommendation 8</p> <p>Ref: Standard 16.6</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2017</p>	<p>Update the statement of purpose to reflect current staff using job titles and remove Mrs Stevenson's private address and replace it with the clinic's address.</p> <p>Response by registered provider detailing the actions taken:</p> <p style="text-align: center;">DONE</p>



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